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## ORIGINAL DEPARTMENT.

### LECTURE.

#### CHRONIC INFLAMMATION OF WRIST AND KNEE JOINT.

Clinical Lecture by Professor LEWIS A. SAYRE,  
Bellevue Hospital, January 3d, 1877.

Reported for the MEDICAL AND SURGICAL REPORTER,  
by NELSON W. CADY, Student.

CASE 1.—J. W., girl, aged fifteen. Here is a girl sent to me by Dr. Elder, of Hoboken, with a diseased wrist joint. As the case is of unusual interest, I have asked her to come over here. As this disease is one which you are likely to come in contact with quite often, and which sometimes requires amputation, but which may be saved if properly managed, I thought I would ask her to show it to you. The disease has been going on three months; the cause of it she does not know. She lives out, and has to wash and wring clothes, and sometimes has to carry coal. She is fifteen years old.

Here you see a girl only fifteen years old—hardly developed—carrying heavy weights, a thing which often produces inflammation of the wrist joint. She has had it covered with iodine for a long time, which took the skin off. Then she applied a flaxseed poultice, and again put on iodine, and more poultices, for the last three months. You see its present condition.

The flexor muscles, being stronger than the extensors, have flexed the hand strongly. Here is an example of the universal law that you have heard me preach about so often; no matter what joint is involved, the first thing is reflex muscular contraction; that adds to the disease,

by causing pressure of the inflamed surfaces together, promoting interstitial absorption; and at the same time produces distortion and deformity, as a secondary result. That distortion, as a result of muscular contraction, of course, accommodates itself to the strongest muscles involved in the irritation, and in the wrist usually assumes this attitude; very much like a luxation of the ulna or a fracture of the radius. It is often mistaken for such, but it is not so. It is simply this partial displacement of the hand, owing to the strong contraction of the adductor muscles on the front side of the wrist, and the absorption goes on. Then you have this fungous growth and exudation from the bones of the wrist, what Sir Benjamin Brodie calls fungus articuli. As you look at it, you would take it for a *rose cancer*, but if you feel it you would think it to be full of fluid. There is nothing in it of that kind, however. It is filled and packed with a sort of gelatinous material, that has a semi-fluctuating feel to it. If you should puncture or aspirate it, you would get nothing, and if you attempted to incise it, you would get nothing, unless you squeezed it, when there would come forth a substance looking more like pudding juice than anything else, a mixture of plums, currants and jelly, and everything suggestive of an indescribable gelatinous mass. You may call it *scrofula*, if you like.

What must be done, is to apply the same principle as you have seen me apply to a diseased ankle, knee or hip; the same as you have seen me apply to this young one's body, viz: extension and counter-extension, till you get it to proper position, and then fixation, to keep it there. We are going to put it up in a simple

extension splint, and at the same time make her perfectly comfortable until a proper instrument can be obtained for her. A good method is to make a couple of splints of sole leather. These are dipped in cold water, to make them flexible and soft. They are applied back and front, holding the arm where you want it, in a position, not of pronation, but of supination, then moulding carefully to the arm, and finally securing with a roller bandage. Next day the leather becomes like a board. Then the splints are taken off and covered with adhesive plaster, adhesive side out. This is applied to the hand and arm, back and front, and covered firmly with a roller commencing at the hand. When you get as far up as the wrist, make extension and counter-extension, and carry the roller bandage the rest of the way up. The plaster prevents slipping and the leather prevents telescoping.

But this method takes a day or two for its application, and this girl lives in Jersey, and she cannot come over to-morrow. But I can put a contrivance on her arm which will enable her to keep comfortable on the way home. I use a paper splint formed of half a dozen layers of newspaper, which has sufficient elasticity to accommodate itself to the curves of her arm, and enough stiffness to keep up extension. This I cover on both sides with adhesive plaster, adhesive side out. I shall apply it in the manner just described, and follow it up with a roller bandage.

You see that we have here a partial luxation of the wrist. You notice, the moment I touch her hand she has pain. I take hold of her hand gently, and press it toward the body. You see her face gives evidence of pain at once; now I will make it take a different position, and give her ease. The hand is flexed and pronated—why? There is a reason for everything. The pronator muscles are stronger than the supinators, and consequently the pronator drags the hand into the position it now has, flexed and pronated. The hand must be extended and supinated, so that the palm of the hand looks toward the mouth; for if it were left, the girl might be able to carry coal and scratch her neighbor's face, but she could not feed herself with that hand. You may think this is not very much, but it is highly important. And besides, it is just as well to carry the hand in a natural position, as it is to carry it in an abnormal position. If you are going to under-

take the treatment of these diseased joints, you must remember this law—always remember to place the limb in the position where it will be of most use to the patient. I can make that girl comfortable in one position as well as another; flexed, extended, pronated, or supinated. Do not, gentlemen, neglect all these little details in your treatment of diseased joints. Remember that that joint and limb is to be of use hereafter, and remember to so fix it that it will afford a maximum of usefulness. So, instead of fixing this hand and arm as they now are, I will, in addition to making extension, make gradual supination, very gently and slowly. You will observe that I am getting it gradually into a natural position, and, as I do so, you can observe that partial luxation more plainly than before. The great secret of doing these things, is to cause as little pain as possible. There is no necessity of hurting your patient at all. And if at any time I cause them pain, I do so merely to convince you that there is disease.

The limb is now in its natural position, and we apply the paper splints as far down as the carpo-phalangeal articulation in front, and the same behind; then we apply this roller bandage, moulding the paper to fit the hand. Having carried it up as far as the joint, my assistant makes extension, and the roller is carried the rest of the way up the arm, allowing the splints to mould themselves to the arm as we proceed. In order to make the splints stronger, and to prevent telescoping, we apply on the back and front of the arm these narrow, roughly perforated tin strips, and secure them also with a roller bandage.

I have now secured the bones from pressure against each other, by extending and fixing them. Now I am going to make use of the same principle that has caused this absorption of the bones, in order to get rid of the abnormal deposition in and around the joint; I am going to try to get rid of this gelatinous exudation.

We pour the opening full of Peruvian balsam, which is an excellent antiseptic, and allow it to percolate down through that joint. Then we apply a roller bandage over the part, drawing it as tight as I can draw it, and it gives her no pain, as the joint has already been extended. Now this outside bandage shall, from time to time, be increased in tightness, as soon as absorption takes place, so as to get rid of the effusion, and if that is not sufficient, we shall

have to place a seton through it, and if any diseased bone is left in the joint, it will have to be dug out.

This is a simple, practical, efficient and inexpensive plan of treatment, and you should have ingenuity enough to apply it anywhere, without being compelled to resort to instrument makers.

CASE 4.—Herman —; man, aged twenty-eight. You remember this young man, who came to us three weeks ago last Saturday, to have his leg amputated above the knee, for chronic disease of the knee-joint. He has had the disease eight years, the result of injury during violent exercise. He was a great athlete and gymnast. It ended in ulceration of the cartilages, and suppuration at the joint, and he was sent to me last June, by a good surgeon, to have an amputation performed. I aspirated the joint, getting about four ounces of matter, and after the joint was emptied, I could bring it in tolerably fair position, and then applied the extension splint, which he is now wearing. He returned home, and for three or four weeks was greatly relieved, until the plasters wore out, and the instrument required re-adjustment. His physician re-applied the splint, as he thought, thoroughly, but it was ineffectual, the plasters being inefficient. He sent him back to me, with a letter, saying that it was useless to continue the treatment any longer, and that an amputation alone could save him, but that he would yield to my superior judgment in the matter.

You can observe the change that has occurred in the period of three weeks. You remember how greatly enlarged were the veins over the knee, and how enormously enlarged was the knee itself. There was a semi-fluctuating feel, and the skin was so tight that it could not be pinched up. Now, the veins are nearly normal in size, and the skin has become loose again. The knee was so sensitive at the time, that a touch would all but set him crazy, and the slightest compression of the articular facets of the femur against the head of the tibia made him wild with agony. This had been his condition for so long a period that his general health became broken down by it. Therefore his physician believed it to be of constitutional origin, and that it could not be remedied save by amputation.

You will come in contact with these cases quite often. All that I did, as you will remember, was to apply fresh strips of Maw's adhesive

plaster, put on the instrument properly, apply extension until he could bear vertical pressure without pain, then applied the actual cautery over the internal coronary ligament, and bandaged the knee with great firmness. The actual cautery has had the effect of completely relieving the pain, and he says that now it is the soundest part of the knee. I make pressure with great firmness over the point which was so sensitive three weeks ago, and he says it causes no pain.

[The patient made voluntary motion of his knee with great ease, and no pain, flexing and extending his leg quite rapidly.]

Will any man here talk about taking that man's leg off now? He is making voluntary motion. Three weeks' total rest from pressure, by relieving the parts with this instrument; then by the application of the cautery, changing the action of the distended vessels, and causing them to contract and empty themselves; then by means of firm compression around the part, to cause the absorption of the deposition within the joint, this has effected the change which you see to-day in this man's condition. Now he has got to the point where *massage* comes in; they call it *massage* now-a-days, but I call it rubbing, and manipulation, and friction.

There is another thing I want to call your attention to: that when you use the actual cautery, to let the eschar alone; don't cover it with greased rags, or anything else, but just let it *alone*, allowing it to scab off by itself, and you will have no trouble. There is a peculiar sand-papery grate under the patella as I move it, and I shall move it only enough to knock those rough points down level, then stop.

Here is another point: If you put that supporting bandage around that man's knee, and neglect to guard the edge of the patella, you will set him nearly crazy with the agonizing pain. The only pain he has suffered since this dressing was applied was the result of neglecting to guard the edge of the patella. These *little* things must be looked after very carefully. The tendons of the biceps and semitendinosus require to be padded with a little wad of cotton before the bandage is carried over them. Sometimes I make this bandage of india-rubber; but, when that is used, it is necessary to exercise great judgment. It is a very dangerous bandage to use, unless you exercise judgment and skill, for you may get it drawn tighter than you wish, and it keeps on

contracting all the time, so that a great deal of damage may be done.

Now, to finish up the dressing of this leg, it is necessary, on account of the partial luxation backward of the tibia, caused by reflex muscular contraction, to overcome that contraction in this manner. To accomplish this I first turn the ratchet, to cause firm extension; then I pass a roller bandage *over* the end of his femur, and *under* the framework of the instrument, causing the femur to be forced backward. The same sort of process is repeated with the leg, the bandage being passed *under* the tibia and *over* the framework, and secured by a pin. And now the dressing is finished.

## COMMUNICATIONS.

### MORBID RETENTION OF THE DEAD OVUM.

BY SIBELIA F. BAKER, M. D.,

Of Chicago, Illinois.

(Read before the Alumnae Association of the Woman's Medical College of Pennsylvania.)

How long the uterus will retain the ovum after it has perished, is a question which meets with varied answers. It is generally believed that it will expel it from five to twenty-five days after devitalization of the foetus, and even less than the minimum time mentioned, provided the secundines have become disconnected from the uterine wall, making, together with the foetus, an entire foreign body. But we meet with examples of deviation from this rule. It is believed that the normal uterus will not tolerate a foreign body. Prof. Lyman says, "the uterus continues to tolerate its contents *as long as the fetal envelope forms an integral part of its substance, and no longer.*"

We may ask, then, what departure from the normal standard has occurred, wherein the uterus tolerates the presence of an entire foreign body for months, and even years.

Cases are not remarkably infrequent in which, from some known or unknown cause, the life of the foetus has terminated; the placenta and membranes remaining constant they appropriate the supplied nourishment to their own morbid growth, constituting what is termed one form of mole pregnancy. These products and their retention until the full term of gestation is terminated, and perhaps longer, are not

of very infrequent occurrence, and meet with physiological explanation.

But more difficult of explanation are the cases where no such transposition and appropriation of maternal nutriment occurs; where all vital processes cease between the mother and the uterine contents; where neither development nor decomposition of contents take place, and they are retained, as a foreign body, for many months; and unless some accident intervene, even passing the usual period of gestation, at which period it is supposed the uterus is in a condition favorable to super-activity.

In vol. II of the "Journal of Obstetrics of Great Britain and Ireland," appeared an able report, by Dr. M'Clintock, read before the Dublin Society, in which six cases were cited where the dead foetuses were retained from three to seven months after the arrest of fetal life, none of the cases, however, having passed the ninth month from conception. Dr. M'Clintock's opinion is that the ninth month from conception is the outside limit of retention of the blighted fruit of conception.

Cases of a like kind have been mentioned by Gooch, Mathew, Duncan and Velpeau. The latter mentioned two cases, each of which considerably overpassed the usual term of pregnancy. While Dr. M'Clintock believes that the expiration of the ninth month from conception terminates the retention, at the longest, of the blighted ovum, he is, however, cautious to say that "he can see no reason, *a priori*, why an early ovum should not be retained beyond the nine months, when a foetus, dying near the full term, may be carried much beyond the ordinary period of gestation."

The *length of time* of retention of a dead ovum has more, than a passing interest, an interest beyond its pathological consideration; namely, a moral interest, possessing vital bearings in a medico-legal point of view. The entire absence of decomposition which the foetus manifests on expulsion, together with the fact that during its retention there has been, at varied intervals, a discharge of blood from the uterus, supposed to be catamenial, may give rise to the mistaken, and perhaps embarrassing conclusion that the expelled ovum is the product of a conception as recent in date as the size of the foetus would indicate without the consideration of any period of retention after its death.

Instances are not unlikely to occur wherein a woman becomes a widow at the sixth week,



or second, or third month of gestation, the ovum, at this period being blighted and remaining in utero to the utmost limit of retention, and on expulsion present every appearance of an abortion of the more common type. The date of conception becomes the delicate point, and an innocent woman suffers, perhaps, unjust accusation, touching the purity of her character.

Dr. Montgomery, of the Dublin Obstetrical Society, mentions a case in his own experience, in which a lady's husband left her, in the third month of pregnancy, for an extended tour abroad. A sanguineous discharge appearing subsequently, from time to time, she came to the conclusion that she was not pregnant, but irregular. At the expiration of the ninth month, after the last regular menstruation, "an ovum was discharged, of apparently two and a half months development, the consequence of which was a conviction on the part of some members of her family highly derogatory to her fair fame." The matter was submitted to counsel, and the ovum to the critical examination of an expert, before the unfortunate lady's character was fairly vindicated.

Dr. McClintock says, "it is not possible, I believe, to pronounce with any degree of certainty, from the appearance of the ovum, how long it has been carried in utero after being deprived of vitality," and that "in every case where our opinion is asked for, as to the age of an ovum, it is a wise and safe rule to qualify our reply by saying that at the time its vitality ceased it was of such and such an age," and thus, perhaps, avoid unpleasant consequences to himself and to the patient.

I think all who meet with these cases are free to admit that they are confronted with various difficulties to diagnosis; first, as to whether the substance in utero be fetus, or some morbid growth; and second, if there be unmistakable evidence of a fetus, whether it be living or dead.

In March, 1875, a case came under my own observation. Mrs. A., aged 42, multipara. Living some distance from the city, she first consulted me by letter. Eight months previous to the date of her letter she had ceased menstruating, and for three months believed herself pregnant. At the end of the third month, abdominal development, which up to this time had been normal, ceased; breasts became flabby, and all the concomitants of pregnancy left her,

except that there was no reappearance of the catamenia.

The general health, from this time, rapidly declined, and at the time of writing she seemed truly in a serious condition. Being near the period when the menopause is anticipated, she was apprehensive of the nature of the difficulty, believing she had not been pregnant, but that a more serious difficulty had fastened itself upon her. She accordingly consulted several medical men, one of whom pronounced it uterine fibroid; another, a cancer. I did not see her until one month later, being the expiration of the ninth month from the last menstrual period. Through the thin abdominal wall, the rounded tumor, just above the pubis, with distinct margins, could be clearly defined, and would, I confess, readily suggest 'fibroid' to one who had only external examination to aid him in diagnosis, which only, I learned, the medical gentlemen were allowed. Conjoined manipulation, however, revealed too much yielding of structure, and too much irregularity in contour, to corroborate that diagnosis. Uterus extremely anteverted, neck normal in length, and not noticeably patulous. The sound, with difficulty, owing to the anteversion, penetrated to the depth of five inches, and no discharge followed its withdrawal. There had been no fetid discharge at any time. There was considerable tenderness of all the pelvic tissues; and my patient having mentioned several attacks of inflammation, following even slight manipulations, I felt exceedingly chary of the use of sponge tents.

My diagnosis was simply negative, and I asked for counsel or extension of time for diagnosis. The latter was granted, and I assumed an expectant attitude. No marked degree of irritability or inflammation followed the examination. The next day my patient took a carriage ride of six miles, with no discomfort. The third day following the examination she was seized with abdominal pains, intermittent in character and increasing in severity. At night a messenger was dispatched for me. I found her in labor. A soft irregular mass presented, and hanging pendant from it was a fetal arm. I removed the entire mass, which consisted of a three and a half month ovum, membranes, and placenta, all presenting an extremely macerated appearance, but bearing no marks of decomposition or fetor. It was not accompanied with an ounce of blood, but in a short time after expulsion a slight dis-

charge of blood appeared, not unlike the first onset of the menstrual flow, and scarcely exceeded that function as regards subsequent time or quantity of discharge. There appeared nothing abnormal with the cord or its attachments. The placenta presented evidence of having been long detached from the uterine wall, its maternal side being smooth and glistening, like polished leather, and shrunken in texture, and exceedingly unvascular in appearance.

The chief features of interest to me in this case were, first, the tolerance of the uterus to the presence of a foreign body; second, the absence of bloody discharge at the time of, and subsequent to, the termination of placental connection with the uterus; third, the absence of any apparent disposition on the part of the uterus to take on parturient action, although the terminus of the ninth month was fully reached, responding with reluctance to the stimulus supplied by the manipulations attending the attempt at diagnosis, which manipulations were not sparing, using the sound with freedom and persistence, in the attempt to pass it around the tumor.

This state of inertia and intonicity of the muscles of the womb, I believe to be the chief pathological condition in cases of this class. To these muscles belong the initiatory act in the phenomena of labor, an act performed by the exercise of their own inherent power, and not dependent on nervous action, either cerebro-spinal or sympathetic.

Carpenter says, in the last edition, edited by Power (sec. 760), "In this act (parturition) the muscular walls of the uterus are primarily concerned, for a kind of peristaltic contraction takes place in them, the tendency of which is to press the contents of the cavity from the fundus toward the os uteri, and finally to expel them. These contractions," he says further, "are not dependent upon the spinal cord, and hence are not to be regarded as altogether 'reflex,' and it is only in the coöperation of those associated muscles which come into play in the second stage of labor, when the head is passing through the os uteri, and is engaged in the pelvic cavity, that the assistance of the spinal cord and its nerves are called in."

To these muscles of the womb, to whom, of course, belong other functions in the phenomena of parturition than initiatory, belong the part of ushering in the act of labor. And

all the other auxiliaries which unite to make up the act of parturition await the "word of command" from these muscles, as does a military force on that of a leader. In the absence of this command, the forces wait.

We may, I think, safely conclude that these morbid retentions of foreign bodies in the uterine cavity are not due to an abnormal condition of the nervous system *per se*, so far as it is *directly* concerned in the phenomena of labor, but undoubtedly indicate a loss of general nervous power, whereby the muscles of the body of the uterus, together, perhaps, with the general muscular system, have failed to receive their proper supply of nutriment to such a degree as to impair their functional activity. In the healthy uterus, this power of contractility is said to be always present, and no known *local* disease is thought to appreciably impair it. Dr. Aveling claims that this contractile power is exercised monthly, in the expulsion of the monthly nidus; and during the months of gestation it develops to a degree sufficient alone to expel the full-termed foetus, as has been proven in cases of partial destruction of the cord, and in paraplegia, and in the occasional occurrence of post-mortem parturition.

In the absence of this muscular contractility of the womb, this important and initial step in the act of parturition on which the reflex forces wait, I see no reason why a dead foetus which has not attained sufficient size to press with any considerable degree upon the upper segment of the neck, or which is hindered from so doing by flexions or versions of the uterus, may not remain in utero an indefinite length of time, *especially if it has become an entire foreign body to that organ*. Where there is no vital connection between the uterus and its contents there is nothing to stimulate development of uterine muscles, which were, at the time of detachment, so morbidly deficient in contractile power as to be unable to expel the foreign body; no cumulative force at work which, though modified, but not entirely interrupted, would, in time, reach a degree of power sufficient to expel the contents. This climax of power is attained, ordinarily, at the end of nine months, and, with a living foetus, corresponds to the period of its maturity. In most cases where the dead foetus has been expelled at the end of the nine months, there has been a union more or less complete between

the uterine wall and the placenta. In the six cases Dr. McClintock reports, expulsion took place in all at the end of nine months. Clinical experience proves that the greater number of these cases terminate at this period. In all, there had been a periodical discharge of blood, and the secundines had grown somewhat beyond their proportions to the fetus, showing, conclusively, that there had been sufficient connection to the uterine wall to receive the nutriment to sustain this growth, which attachment, meeting with partial severance from time to time, gave rise to slight uterine hemorrhage. At the end of nine months there was sufficient contractile power of the muscles to arouse reflex labor.

In the cases of *non-attachment* of placenta, of which the one I have reported is an example, and a more notable one has recently been reported in a German gynecological journal, by Herr W. A. Freund, of Breslau, where the fetus was retained in utero seven years, nature may effect a removal by the arousal of the contractile powers of the muscles, produced by the stimulus supplied by the local congestion attending the return of ovulation, which may or may not set up at the end of the nine months of gestation, but more commonly the removal will depend on the interpositions of art.

#### A CASE OF NERVOUS DISORDER, SHOWING THE EFFECT OF CLIMATE.

BY CHARLES CARTER, M. D.,  
Of Philadelphia.

Martin C., born in Ireland; age thirty-two; laborer; married; applied to me for treatment July 7th, 1874. He walked with great difficulty, with the aid of a cane, dragging his limbs, as if they had attached to them heavy weights which he could scarcely move. He complained of weakness and numbness of the lower limbs, and pain in the knees, but no pricking or creeping sensations, nor shooting pains or spasms. His eyesight was good. He could stand without any difficulty with his eyes closed. There was no wasting of the limbs. Electro-muscular sensibility only slightly impaired, more in the right leg below the knee. Reflex action good on tickling soles of feet, and sensation but very slightly diminished, confined to the outer side of thighs and legs. He had an anæmic appearance, but no evident emaciation. His

pulse was 84; his general health fair; and, except the paralysis, his organs and functions normal.

The history which he gave of his case is as follows:—He came to this country, from England, five years previously; he had lived in New York three years, and afterward, for two months, in Jersey City. At the latter place he contracted intermittent fever, his previous health having always been good and his habits temperate. He was soon cured of the chills and fever, but shortly after he became affected with a sudden partial loss of the use of both lower limbs, which he discovered one morning on rising. At the end of six weeks, not getting any better, he returned to England, leaving his family in this country. Before the arrival of the vessel he had regained the use of his limbs, and after remaining in England several months his health became perfectly restored, and he decided to return to this country. He arrived in this city in April, 1874, and remained in perfect health up to June 7th, 1874, when he had an attack of diarrhoea. This was followed soon by pain in his knees, and a sudden attack of partial paralysis, in every respect the same as before.

He was under my treatment for the period of a month, commencing about five weeks after the attack. During the first week there was no change; I then commenced the use of strychnia, in increasing doses, until it reached one-tenth of a grain morning and noon, and one-twentieth of a grain at night. In about a week he began to improve, and on the eleventh day of this treatment he came to me, walking perfectly, without his cane, and stating that he felt as well as ever. I ordered the strychnia to be continued, but to gradually diminish the dose. He stated that within three days after he saw me he felt that his trouble was returning, and after the lapse of a week he came back to me in the same condition as at first.

The continuance of the remedy, in even larger doses than before, failed to produce again any improvement. He soon became discouraged, and despairing of becoming permanently cured while living in this country, returned to England to stay. I have since heard, through his relatives, that he is entirely restored to health, the paralysis leaving him in the same manner as on his former visit to England.

It might be supposed that malaria remained in his system from former ague, constituting a

main factor in the etiology of the case; but the use of anti-malarial remedies, strongly pushed, produced no benefit whatever.

It seems to me that this case forcibly illustrates the favorable influence of change of climate; or rather, the baneful effect of ours, in a grave nervous affection.

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## HOSPITAL REPORTS.

### PHILADELPHIA DISPENSARY.

DR. MARIS, RESIDENT PHYSICIAN.

#### Review of the Treatment of Nervous Diseases, and Extracts from Clinics. No. III.

BY C. C. VANDERBECK, M. D.

Dr. Maris has seen numerous cases of well-developed "hysteria" in males and females, and also in children of both sexes. In males and in children, he thinks the convulsive form is rare; but hysterical symptoms, such as "nervous cough," etc., are quite frequently seen in both of these classes. Some object to the term hysteria, on account of its etymology being at variance with the many-sided character of this affection, and because it is seen in the young before the sexual organs are fully developed, also recognized in those past the menopause, as well as in those who, by reason of sex, have no wombs.

As Dr. Harlan lately remarked, in his answer to Dr. Woodbury's paper, the term hysteria will be used for many generations to come. It seems pretty evident that Dr. Woodbury considers that physicians mean, by hysteria, a nervous affection depending upon uterine disease, and that they are constantly making the mistake of calling cases hysterical "which have no points whatever in common, not even agreeing in the simple fact of possessing a uterus." Numerous words in constant use, if analyzed, would be found to be twisted, often very considerably, from their true etymological meaning. Mistakes are often embodied in names. If we fling away hysteria, what shall we do with gonorrhoea, which is a "flow of semen;" or with "gout," a *drop*, so called on account of the idea that the disease was produced by a morbid fluid gradually distilled into the part; or with rheumatism, a *humor*, because it was once supposed to be caused by a morbid humor. Centuries have passed since the arteries were found to contain, not "air," but a crimson fluid, and it is safe to assert no future anatomist will dare to correct the misnomer by introducing a new term for these vessels. Words often reveal scientific history. The student tracing out a definition often finds unfolded to him some curious ancient doctrine, the word being a skeleton, a fossil, the remains of an evident meaning, extinct, perhaps, for ages. So in words

are "the imagination and the feeling of past ages of men long since in their graves;" and in them we thus have fossilized history.

One of the most common hysterical affections presented to Dr. Maris' attention is the so-called *nervous cough*. This he has quite often seen in both sexes, and as frequently, he thinks, in the male as in the female sex. This is a brazen cough, attended with none of the morbid sounds, nor with the symptoms of inflammation, that belong to the history of catarrhal affections. It is a disease recognized by the older physicians (*Vide* "Wood's Prac. of Med." vol 1, p. 839); but judging from some of the later works, it would seem as if nervous cough were not a separate disease. Aitken does not allude to it, unless it is mentioned in some obscure section of his volumes. In fact, the whole subject of cough, as a symptom, is considered in less than a dozen lines. DaCosta devotes three and a half pages to the kinds of cough, and the diagnostic value of each, but slides over "hysterical cough" in three lines. I look in vain, up and down the index of Fenwick's "Guide to Medical Diagnosis," for nervous cough. Equally fruitless is the search in Tanners' "Clinical Medicine." Certainly Meigs and Pepper, in their master-work on "Diseases of Children," should say a word in regard to an affection certainly sometimes seen in children, but they are equally silent. How is this to be accounted for? Surely all of these gentlemen have, in their vast experience, met with nervous cough. It is frequently met with at this dispensary. It cannot be confined to this institution. It seems probable that these physicians consider it only a phase of hysteria, and that its treatment is the same as for any other affection of a hysterical nature. Very true, the treatment is to be largely directed to the nervous system, yet it seems to be a disease worthy of separate consideration, as well as catalepsy, hyperaesthesia, etc., which are often largely hysterical.

Nervous cough occurs in persons of highly developed nervous system, and is due to a convulsive action of the muscles of the throat. The causes are numerous; diseases of the oesophagus, spine, spinal cord, affections of the heart, liver and stomach, may be the exciting cause to develop a cough in any nervous individual. Numerous examples are on record of "ear coughs." That is, a nervous cough produced by some disease or irritation of the ear, especially the external meatus. In some persons irritation of the external meatus will cause a tickling of the throat, or even bring on a spasmodic cough. In this case, the effect is brought about by direct nervous connection; and late authors consider the nerve concerned is not the vagus, as Romberg teaches, but branches of the tri-culo-temporal, a branch of the fifth cranial pair of nerves.

In many cases, however, of nervous cough, no source of irritation can be discovered, the cause seeming to be dependent upon that vague, neuropathic constitution that invites and gives



continuation to various disorders of the nervous system. In the treatment, a careful scrutiny must be given to each important viscera. Sometimes the rectifying of morbid conditions of the blood breaks up the annoying symptoms. *Mistura intermit*\* is used in malarial cases; iodide of pot. in syphilitic conditions; and iron in anæmia. Opium is used with caution, especially in females, for obvious reasons. The opium habit is not always contracted by the primary use of it for the relief of intense pain of some chronic disease. I have a patient who began to take morphia six years ago, for irregular attacks of asthma. To day he is taking twenty five grains in the twenty-four hours. In some cases of nervous cough demulcents are ordered, as they seem to soothe the nerve distributions; and if an anodyne is combined, it is one of the solanaceæ group. There is nothing particularly novel in the plan of treatment; the means used are such as are included under the termination of general principles, careful attention being given to the general health, and every means used to invigorate the whole body. Before a diagnosis of nervous cough is made, it is well to settle, by a careful laryngoscopic examination, the absence of any local cause for the cough.

Dr. Maris has seen numerous cases of phimosis in the young, but he cannot recall a single instance in which these cases were connected with paralytic or any other nervous manifestation.

Dr. Sayre, of New York, and some other surgeons, have strenuously advocated the dependence of many paralytic symptoms upon an existing phimosis, and report cases cured by operating for the defect. Not long since I saw a boy affected with phimosis, and also with very odd and obstinate nervous phenomena. Irregular fits of uncontrollable anger occurred, during which he would scream and fight, and roll about on the floor. A surgeon operated for the phimosis, relieving him of the defect, and doing away with a possible source of irritation, but it was impossible to see the shadow of an improvement as regards the nervous disorder. It is not intended to call into question Dr. Sayre's opinions and results. This article is simply a review of cases and results at the Philadelphia Dispensary, and I repeat, of the many cases of phimosis here seen, none, in the estimation of the resident physician, caused any nervous affection.

It seems that the result of careful experiments and dissections show many of the so called "Reflex Paralysis" cases to result from the direct transmission of the morbid process along the nerves upward, until it reached the spinal cord—cases of ascending neuritis and myelitis, and other than reflex. It is worthy of notice that even dullness of intellect and chorea have been ascribed to phimosis. Dr. Jacobi, of New York, in his excellent monogram on "Hysteria and Masturbation in Young

Children," reviews some of these reported cases of chorea, etc., from phimosis. He says, "no attempt has been made to explain the chorea by its habitual causes, and not even a statement is made of the condition of the heart, or of the spine, or concerning the previous occurrence or non-occurrence of acute articular rheumatism, or of the habit of masturbation, so easily contracted when the phimosis is marked enough to prove an annoyance and irritation, and frequently given up when the source of constant irritation has been removed."

Dr. Maris says he has not seen very many young children affected with neuralgia, but, when affected, intercostal neuralgia is the special variety. The majority of cases of aphonia are seen in nervous girls, after puberty. His experience coincides with Dr. Jacobi, of not seeing a single case under puberty. The treatment of aphonia is often tedious, and chiefly because he cannot get full control of the patients. The great difficulty is, the home influences, and the various conditions that to a large degree developed the hysterical condition, continue to exist. As is well known, moral medication is one of the prime factors of the treatment of any form of hysteria. Professor Dickson used to say the very worst air for a sick person is the air in which he became sick. So with hysteria; the very worst influences to surround a patient of this kind with are those in which she became thus affected. It is well to remove, if possible, the patient from these influences. Dr. Mitchell makes it a point of vital importance, in private practice, to obtain full control of the patient and her surroundings; if he succeeds in this, he is about certain of a favorable result. In his clinic practice he is desirous of having the woman removed from her home to the hospital, and thus obtain thorough control of the case. It is truly grand to see some of these patients arise from bed, walk and talk, by the word of command from him, though for a long time they may have been paralytic and speechless. This, I say, is the difficulty with Dr. Maris' cases. No provision is made for house patients. So the cases are lost sight of after applying for treatment, and are exposed to favorable circumstances to give continuance to the perverted condition of the nervous system.

He believes the use of electricity would be a good thing to aid in the treatment, but no provision is made for this. Electric applications require time; this alone suffices to keep it out of use. It seems to me, electric therapeutics should be a special department of the institution. Two hours, twice a week, are sufficient, not only to accomplish much good, but also the results obtained from such a mass of cases would be of value to the profession, and aid to place electricity in its proper position. The appointing of a special department would relieve the resident physician, who is already over-busy, and could not possibly devote any time to this valuable *adjuvant* to treatment. I say *adjuvant*, for the present knowledge con-

\* Formula given in Review No. 1.

cerning the power of electricity would seem to place it in that position. Judging from the writings of some, electricity is to be considered almost a panacea, and all-sufficient in itself to cure, without the aid of drug medication. Again, others think it all well enough; it makes patients *feel* that you are doing something; it keeps them contented; and then, the batteries are nice ornaments to an office; a large cabinet battery is so especially imposing. This class of writers and teachers doubt the minutest value of its curative form. A middle class, and I think the safest, believe electricity to be a most valuable aid to the treatment of nervous diseases. What we need here, as in therapeutics at large, is a mass of well ascertained facts, obtained from extensive clinical practice. I may add, that I know, by reason of a personal acquaintance with the majority of the representative men of our profession in Philadelphia, that electric medications occupy the middle position.

In acute alcoholism or delirium tremens, the Doctor depends upon opium. If the attack is due to sudden cessation from the use of alcoholic liquors, he orders a moderate quantity of brandy or whisky. This is essentially the treatment of Hammond, Hartshorn, and many others. The use of stimulants and of opium, however, as is well known, is a very knotty point. Aitken says, "the two most fatal errors which can be committed in the treatment of delirium tremens, are, either to bleed the patient, or give him *opiates*." Moreover, the use of alcohol and opium, especially when combined, is deprecated, and considered a treatment attended with much hazard. In another place he states, that if opium is used it must be in the latter stages, and in small amounts, and that "the *heroic* use of it, as heretofore too often advocated, even by the most eminent physicians, is now recognized as a treatment which merely substituted *narcotic* poisoning for *alcoholism*." Now what does the experience of Dr. Maris serve to substantiate, or toward which of these two ideas do the facts in the case lean? Looking at it candidly, it is doubtful that any safe deductions can be made from the dispensary cases. Very rarely is the resident called upon to treat acute alcoholism in the earliest stage; this falls to the lot of the district physician; but the patients present themselves to the dispensary in the latter stages. Even Aitken allows the use of opium in the declining stages.

It seems strange, often, no doubt, to the uninitiated, that persons are cured (so called) under each of the various plans of treatment for any certain disease; not only under the different line of treatment of the "regulars," but also under all the innumerable pathies, each claiming as good success as his opponent. What robbers we are! Every time disease is thrown off by a vigorous or capable system, then loud are the laudates to the attending physician, and down goes a result in the annals of medicine. Do we not often

forget that many recover in spite of treatment, as well as that death often occurs, notwithstanding the most vigorously instituted therapeutics? Professor Dickson divided the sick into three classes. One gets well, in spite of good or bad treatment; a second dies, no matter how bad or how good the plan of treatment is; a third will live or die, just as the proper means are used or not. It is evident that the first and second classes are worthless as regards testing the remedial power of medicines, yet from these classes much of our so-called facts are obtained. In other words, the advance of knowledge in the direction of therapeutics must be slow.

## MEDICAL SOCIETIES.

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY FRANK WOODBURY, M. D.

A conversational meeting was held December 13th, 1876. President, Thos. M. Drysdale, M.D., in the chair.

Dr. Jas. C. Wilson read his paper upon "Myalgia" (published in the last number of the MEDICAL AND SURGICAL REPORTER).

Dr. S. W. Gross questioned the statement that myalgia might not be inflammatory or rheumatic. Pain in a muscle may be due to many causes, one of which may be rheumatism. In his own case, he has received marked benefit, in lumbago, from tincture of colchicum, in combination with morphia. Atropia injections are most efficacious; but in his own case they produced nausea, lasting several days. He would highly recommend, for the local treatment of myalgia, veratria, in the strength of forty grains, dissolved in alcohol, and rubbed up with an ounce of benzoated lard. Counter-irritation is of great service in some cases where there is degeneration, or inflammatory deposit. The actual cautery is also of undoubted value in advanced chronic cases, in which the spasm of the muscles has terminated in rigidity. In several instances, in which the patient could neither assume the erect posture, nor put one foot before the other, the establishment of an issue, by the hot iron, has been followed by complete relief. Acupuncture (Baunseid-tismus) is also of signal benefit in some instances, combined with croton oil.

Dr. J. C. Wilson endorsed the recommendation of counter-irritants and anodynes, but did not think that relief by colchicum, with morphia, in the case mentioned, was proof conclusive of its rheumatic nature, as many cases are benefited by the morphia uncombined. As to the actual cautery, it must be rarely necessary, as the disorder generally yields to milder measures; the hypodermic injections of atropia (gr.  $\frac{1}{16}$ ) into the affected muscles, have given excellent results in his experience, both as a pal-

lative and curative measure; counter-irritants and anodynes are also indicated, as has been already mentioned.

Dr. Benjamin Lee was much gratified with the paper of the evening, and moved that a vote of thanks be tendered to its author. He considered the position assumed in the paper, namely, that myalgia is not rheumatism—a thoroughly sound one. With the exception of pain on motion, indeed, they have scarcely a single feature in common. But, at the same time, in studying the pathology of the affection, we should draw a distinction between its acute and chronic forms. The acute disorder, to which the name of muscular rheumatism is more likely to be applied, usually follows exposure to cold. But there must be a constitutional predisposition underlying this fact, which makes the exposure operative. Two men may be exposed to the same draught of cold air, under the same outward conditions; one wakes the next morning with a stiff neck, the other escapes. Now, there must have been a condition of the circulating fluid in the one which did not exist in the other. What this diathetic condition is we do not know, but we do know that it is not the rheumatic, that is to say, that which exists in articular rheumatism. The chronic form is that on which the lecturer has chiefly dwelt, and which he has rightly interpreted as the remonstrance of an overworked muscle. Overwork is, of course, a relative term. That which is overwork for one individual would not be for another; and that which is overwork for the same individual at one time, he might be able to accomplish with ease at another time. Whenever a muscle is worked beyond its supply of nerve force at any given time it is liable to give evidence of suffering in this way. The usual expression of chronic myalgia, that which he, at least, was called upon most frequently to treat, was the condition to which the title "spinal irritation" is commonly applied. It occurs generally in anæmic young women, about or after the age of puberty, who, from overgrowth, over-study, excessive emotional development, or dissipation, have exhausted their nerve force, and are not able to supply all the demands made upon the nerve centres. One of its prominent symptoms is the existence of vague pains, and of tender spots in various parts of the body, the pains usually being increased by exertion. These tender points will be found, as correctly stated by the lecturer (and the fact has great diagnostic value), to correspond with the insertion of a tendon, or the space where tendon unites with muscle.

In an individual whose power of generating nerve-force is below par, it is but natural to expect that those muscles will soonest suffer, from overwork, which are most constantly taxed. These are the muscles concerned in maintaining the upright posture, viz.: the spinal muscles, and the muscles of the neck; these have absolutely no rest, except when we are lying down. Next to them the muscles of

the chest and abdomen will complain. In the case of the latter it is a significant fact, as influencing our diagnosis, that the points of tenderness will usually be found, not only at these insertions, but in those simply tendinous expansions, the *liniæ transversæ*, which interrupt the continuity of the muscular fibres, and in which there are neither large nerve trunks, nor extensive distribution of nerve filaments, to lead to the suspicion of the existence of neuralgia. Now the constancy with which these sensitive points are found along the spine, has led physicians to jump to the conclusion that they depended on disorder of the spinal cord. Hence the name, sufficiently vague to conceal its want of accuracy, spinal irritation; and hence a variety of modes of treatment, faulty in theory, and often injurious in their results. The importance of an early recognition of the true pathological condition here existing, cannot be overestimated, from a therapeutical point of view.

Further, and worse, these cases, because of tenderness on pressure on the spinous processes, are sometimes mistaken for caries of the vertebra, and the actual cautery applied and absolute rest for a long period enjoined; whereas, they need, above all things, sunlight, moderate exercise in the fresh air, and change of scene.

The treatment which has been recommended this evening, for the affected muscle or group of muscles, rest and counter-irritation, with anodynes, is appropriate to the earliest stage, but where the disorder is chronic and degeneration has begun, or deposit has occurred in the muscular tissues, these lose, in great measure, their efficacy, and then Massage constitutes our most reliable therapeutic means, restoring free capillary circulation, muscular tonicity, and promoting the absorption of effused material. Rest may be obtained by the use of mechanical appliances as well as by lying in bed; and many a case might be cured by an artificial support, enabling the wearer to enjoy the fresh air and sunlight, and to take exercise, which would have developed into chronic invalidism, had she been compelled to remain in bed indefinitely.

#### Fatal Tetanic Convulsions Coming on During Parturition.

Dr. James Collins reported the following case:—

About 18 months ago I was called to see an urgent case at night. The midwife reported that the patient was in labor, but that she acted strangely. I found all the symptoms of tetanus, complicating the first stage of labor. After giving an eighth of a grain of morphia, hypodermically, finding the os dilated, delivered her, as speedily as possible, of a dead child; the uterus contracting strongly, even violently. As she was apparently comfortable and quite composed, I then left her until about six o'clock next morning. Everything went well until the second day, when the tetanic symptoms re-

turned, and she died on the fourth day after the re-appearance of the tetanic symptoms. The bromide of potassium, chloral, morphia, and other remedies, failed; but she had immediate, though unfortunately only temporary, relief from inhalations of nitrite of amyl. Neither laceration, wound, nor obvious cause of any kind, was discovered, to account for the symptoms, and a post mortem examination was refused. This case is reported, to invite attention to two points; the occurrence of tetanus during labor, without any other known cause, and secondly, the value of nitrite of amyl in controlling the tetanic spasms.

**Removal of both Ovaries, for Sarcomatous Degeneration, with Microscopic Examination of Specimen.**

Dr. Washington L. Atlee presented two morbid specimens to the society, and stated that he had come prepared to engage the attention of the society at some length, but the evening was too far advanced to detain the meeting. He would, therefore, merely state that on the 10th instant he had performed ovariectomy, and removed two large solid ovaries, which he now exhibited. The patient came to him during the summer, with some symptoms characteristic of extra-uterine pregnancy. She afterward enlarged rapidly, when, by tapping, he removed twenty-six pints of a bright amber colored fluid, rather darker than ordinary ascitic effusion, yet contained in the cavity of the peritoneum. In this Dr. Drysdale could not find the ovarian cell. After tapping, the tumors were more clearly diagnosed to be malignant. The patient returned for operation, which was performed four days ago, in the ordinary way, and both ovaries were removed. There were several cysts on the surface of the right ovary, one of which resembled a child's cranium. All of these cysts contained fluid similar to that previously found in the peritoneal cavity, and which had probably escaped from a ruptured cyst. The pedicles were inserted into a sulcus in both the tumors, like the ureter in the kidney. The growths are irregular and nodular in outline, so that on external palpation they, floating in a fluid, as they did, might easily have been mistaken for an extra uterine foetus, the protuberances resembling the knees, arms, and head of a foetus.

These cases are very rare; this is only my second out of 355 operations, and, indeed, I have seen only three out of over 1200 cases. These three resembled each other in some marked points; the age was uniform, about thirty to thirty-two years; all occurred in married women who had borne two or three children; all made their appearance soon after weaning, and all had the pedicle inserted in the same peculiar manner. In two cases there was such an accumulation of fluid around the tumors, that it was almost impossible to decide whether there was not a tubal pregnancy. Ballotement was perfect, and it was only from the absence of a confirmatory history that the

diagnosis was made, which was afterward confirmed by tapping.

In one patient, whom he examined hastily, in Auburn, New York, the ovary had exactly the surface of the hob-nail liver, but here there was no fluid surrounding it. This case was afterward operated upon by Dr. Thomas, of New York, and became celebrated by having milk injected into a vein, to save her life. Dr. Thomas regarded the growth as adenoma, but Dr. Atlee was satisfied that he was mistaken. Dr. Thomas was afterward called upon to remove some obstruction in the bowels, and the very month that the case was published in the journal as cured, the patient died of malignant disease; a diagnosis that Dr. Atlee had previously made.

Dr. Atlee asked that the specimens he referred to the committee on microscopy, for examination. They were so referred.

*Report of the Committee on Microscopy, to the Philadelphia County Medical Society, upon the specimens of ovarian tumors presented by Dr. W. L. Atlee, at the meeting of December 13th, 1876.*

The committee on microscopy respectfully report that specimens of the juice obtained by scraping sections cut from the tumors in their fresh state, or her sections obtained from fragments hardened in strong alcohol, and still others stained with carmine, were carefully examined under the microscope.

In the very scanty fluid exuded on scraping newly cut surfaces of each growth, was found a moderate number of rounded, oval, and spindle-shaped cells, with large, oval, regularly formed nuclei, generally furnished with bright nucleoli. A hasty drawing of the more abundant of these cell elements is herewith submitted, by which it will be seen that they closely correspond with those of spindle-celled sarcoma.

Thin sections from both the fresh tumors and from hardened preparations, exhibited a dense, fibrous-looking stroma, in which the spindle-cells apparently constituted but a small portion, the large majority having, it seemed, been developed into the fully formed fibrous tissue which gave its firm, dense character to the growth. The application of dilute acetic acid brought into view small oval nuclei, arranged with considerable regularity in the section, and which, even under a high power (1250 diam.), displayed none of the double, triple and multiple character commonly met with in neoplasms of the more malignant type.

Your committee, therefore, conclude that these two ovarian tumors are the spindle-celled sarcomata of Wagner, Virchow, Rindfleisch, and other late German pathologists; and accurately correspond with those described by Rokitsansky as "fibrous cancer," and by Paget, under the name of "hard cancer with fibrous structure" (vide, "Surgical Pathology," 3d edition, p. 632).

According to Rokitsansky, ovarian growths of this character occur very rarely, and Scanzoni states that these "fibrous bodies" of the ovary



had, to his knowledge, only been proved to exist in four cases, up to the time his work was revised, in 1858 \*

The fluid from one of the cysts attached to the right ovary was pale yellow, transparent, and on examination did not appear to contain any cell elements, except a few white blood corpuscles. The contents of the other small cyst were dark, red, grumous, and displayed, under the microscope, multitudes of altered red blood discs, with some granular bodies, which resembled the granular ovarian cell, although, as they were not tested with acetic acid, this similarity may have been a delusive one.

Respectfully submitted,

Jos G. RICHARDSON, *Chairman.*

Philadelphia, Jan. 8th, 1877.

## MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

ESPECIALLY REPORTED FOR THE MEDICAL AND SURGICAL REPORTER.

Stated meeting, January 22d, 1877. The President, Dr. John C. Peters, in the chair.

After the disposal of a certain amount of preliminary business, the paper of the evening was read by Dr. Charles Heitzman, late of Vienna. His subject was,

### "The Cell Doctrine, in the Light of Recent Investigations."

With a few introductory remarks on the important bearing which it has on the study of physiology, pathology, and even therapeutics, the speaker went on to treat of the living matter which builds up the forms of the whole organized world, including vegetable, as well as animal, life. "What is it?" he asked. To this query no satisfactory answer can be given in the present state of our knowledge; and it seems somewhat doubtful whether this will ever be possible. We do know, however, that it is composed of ultimate particles, or molecules, which are of a complicated chemical character, containing from 52 to 55 per cent. of carbon; from 22 to 28 per cent. of oxygen; from 15 to 17 per cent. of nitrogen; from 5 to 7 per cent. of hydrogen; and from 1 to 2 per cent. of sulphur. More than that we scarcely know, except that it is characterized by two prominent properties, viz., the power of motion, and the production of its form. The motion which it possesses is of two kinds: (1) change of shape and (2) change of locality, or locomotion. This power of locomotion is not confined to animal life, as formerly supposed; but in this, as in many other points, the boundary wall that separates animals from plants has disappeared, in

\* Schroeder (in Ziemssen's *Cyclopaedia*) says: "Sarcoma, which very rarely occurs in the ovaries, and when it does, appears as a spindle-cell sarcoma usually affecting both sides, is developed from the connective tissue stroma of the ovary. . . . The course of the disease seems to be tolerably rapid, and the prognosis is as unfavorable as in carcinoma."

the light of more extended knowledge. The production of its forms is also of two kinds, viz.: increase in size, and production of its own kind, through propagation. The simplest form of the latter is merely division, without any interference of sexual functions. As a rule, the product is almost identical with the parent body. The speaker here mentioned that the subject of propagation had given rise to a vast amount of speculation on the part of various authorities, and alluded briefly to the theories which had been proposed by Darwin (*pangenesia*), Heckel, of Vienna, and Dr. Louis Elsberg, of this city (*preservation of the plasticules, or molecules*). According to the last named, every offspring contains particles, not only from its parent, but also from its whole preceding ancestry, presenting evidences of the changes or developments which the succeeding individuals may have undergone. This is distinctly denied by Heckel, but it seems altogether rational.

The next question proposed by Dr. Heitzman, was: what is the shape of this living matter which forms the basis of all organized substances? The cell was first discovered in 1835, by Dujardin, of Paris, who called it a *sarcole*, and in 1836 Schleiden, of Vienna, proposed the name *cell*; but Schwann was the real founder of the cell doctrine, which has since been so universally received. According to his authority, cell development presupposes a structureless nutritive fluid (*blastema*), in which, when exposed to life-giving influences, granules (*nucleoli*) are deposited. A number of these, congregated, form the nucleus, the germ of the cell, which is suspended in fluid contained within a distinct membrane. These views were adopted by Rokitsansky, and afterwards widely promulgated by Virchow, in his "Cellular Pathology." Later, however, it was objected, by some observers, that we never meet with a *living fluid*, and that this fluid referred to cannot, therefore, be the origin of life. In 1861, Max Schultze declared that what had hitherto been called a cell, was a lump of living matter; to which he gave the name of protoplasm. Still he retained the name cell also, and the idea that the cell contained granules. Then Bricher, of Vienna, contended that the nucleus was not essential to the cell, and proposed, practically, to do away with the term *cell*; though he still wished it retained nominally, in honor of Schwann. Stricker, of Vienna, from his observations on the eggs of frogs, asserted that the cell was merely a structureless substance; while Beale, of London, imagined that the nucleus, or "germinal part," was the only living portion of the cell. All the rest he believed to be dead matter, and he would, therefore, have us say *germinal matter* instead of *nucleus*, and *formed material* instead of *cell walls*.

This, in brief, was about the amount of our knowledge on the subject, when Dr. Heitzman commenced his investigations in Vienna, a little more than five years ago. He first made an infusion of blades of grass and black earth in water, and after exposing it to a moderate

degree of heat for a considerable time, he discovered the most wonderful new growths, both animal and vegetable, making their appearance in it. These he regarded as resulting from germs which had been floating in the atmosphere, but which, falling into a favorable soil, where the conditions of heat and moisture were fulfilled, thus underwent their appropriate development. For two or three days no change whatever could be observed in the infusion, even with the highest powers of the microscope. By the end of that time, however, small homogeneous lumps of matter, yellow and shining, would begin to make their appearance. Shortly afterward (say about the fifth day), it was noticed that the color was changed to a rosy hue, and that the body was no longer homogeneous, but now contained little *vacuoles*, or spaces. These gradually increased in number, nucleoli and a nucleus made their appearance, and at the end of a week he found a fully formed amoeba present, provided with both the power of locomotion and the production of its form.

Dr. Heitzman then went on to describe what he afterward discovered, with a very high microscopic power, in the amoeba, viz.: very delicate threads of living matter, connecting all the granules with each other, and also with the enveloping membrane, which he also holds is composed of the same living matter. He was the first observer that ever noticed this fine network.

The amoeba is thus somewhat like sponge in structure (with the addition of an enveloping membrane or plate). These organisms are constantly undergoing changes of form; and it is not at all uncommon to observe a large flap protruded on one side, while an accumulation of granules takes place in the opposite part. It is just as though the central portion of a piece of wet sponge, enclosed in a tight sac, were pressed upon, and its contents squeezed out at either end. Dr. Heitzman had also conducted a series of observations on the colorless blood-corpuscles of the cray-fish, and found that at first they were filled with coarse, shining granules. In a few minutes, however, these apparently homogeneous granules underwent a change, becoming flattened and polyhedral; and it was then noticed that there were vacuoles within them, while each was connected with the other by means of the same thread of living matter which had been observed in the amoeba. Later, these masses would burst open, and new protoplasm thus be formed. It has been found that the colorless blood corpuscles of frogs and newts undergo the same changes at common temperatures, and the same have also been observed in human blood and pus corpuscles, under favorable conditions. In addition, the power of locomotion is acquired by them.

Dr. Heitzman then stated that he had availed himself of two substantial kinds of proof that his observations were correct, and that the phenomena which he claimed to have seen really took place, viz., (1) The testimony of a num-

ber of competent and unprejudiced observers, who had also noticed the same; and (2) The preservation of the appearances observed by means of photographs. He had also seen the connecting threads in some micro-photographs of so-called cancer cells, which were prepared by Dr. Woodward, of Washington, and which he (Dr. Heitzman) considered the most perfect that had ever been made in the world. When he spoke to Dr. Woodward about them, at the meeting of the International Medical Congress, at Philadelphia, the latter stated that he believed these threads consisted of dead matter; but Dr. Heitzman insisted that the same structure is also visible in living protoplasm. In the latter, the threads are from time to time lengthening and shortening, according as the granules which they conceal decrease or increase in size, and grow further apart or nearer together. If an amoeba is treated with glycerine, the mass undergoes contraction, and its granular character becomes very indistinct. The organism is then really dead, and life cannot be revived in it.

All these observations go to show, then, that the enveloping membrane or plate, the nucleus, the granules, and the connecting network of threads, are all composed of the same living matter; while, contrary to the old doctrine, the fluid is utterly devoid of life. The question, therefore, arises, are we justified any longer in making the cell the basis of all tissue structure; and it must be answered in the negative. For, when we come to inquire what is the simplest form of living matter, we find that every cell is made up of thousands of granules, etc. The term cell is, therefore, a misnomer in this connection; and it is better to use some such word as corpuscle or molecule. The cellular pathology has been comparatively barren of results, because it has put investigators on a false scent, as it were, leading them always to expect to find cell elements.

It behooves us, then, to study granules now, instead of cells; and as we pursue our observations, we shall find that in persons in a depraved state of health (the tuberculous, for instance), there is very little living granular matter; while the reverse is true in those in good health. In pus from the healthy subject the corpuscles are found to contain a large quantity of this living granular matter, while in that from scrofulous individuals the granules are scanty.

This idea of the ultimate elements of tissue-structure, consisting of living granules of protoplasmic matter, which float in a lifeless protoplasmic fluid, and are all connected with each other by means of a living network of delicate filaments, has been called by Dr. Elsberg the *bioplasmion doctrine*, and it was advocated by him before the American Medical Association, in 1874. Dr. Heitzman has come to this country expressly for the purpose of teaching and promulgating it, and he is confident that ere long it will entirely supersede the generally accepted cell-doctrine.

At the conclusion of the paper, Dr. Elsberg, quoting in the outset the old proverb, that "seeing is believing," made a few remarks in corroboration of the theory, and suggested that it would probably cause a modification of many of our present views on nutrition, inflammation, morbid growths, etc.

Dr. H. P. Farnham also stated that he had been an eye witness of the phenomena described, both in Dr. Heitzman's, and in his own laboratory, and then some remarks on the paper were made by Dr. Eugene Dupuy, late of Paris, and the president, Dr. John C. Peters; after which the society adjourned.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### On Belladonna in Typhoid Fever.

In the last volume of the *St. Thomas' Hospital Reports*, Dr. Harley states that in enteric fever he finds that ℥xv. of the succus (B. P.), given every four or six hours, is quite sufficient to sustain that moderate atropism which is beneficial. When delirium has been present, he has never found this dose increase it, but rather the reverse. In enteric, as in scarlet fever, severe congestion of the kidneys, and attendant albuminuria, are not uncommon events. For the prevention or relief of this condition, belladonna is the appropriate remedy, for the whole of the atropia admitted into the body is eliminated unchanged by the kidneys. If, therefore, the quantity of atropia be not excessive, it follows that an active circulation is maintained in these organs during the time they are engaged in its elimination.

An analysis of the cases recorded by Dr. Harley shows the following results:—1. As to the pyrexia. It appears that the rate of the pulse and the degree of temperature were never, as a rule, increased, but, on the contrary, both these symptoms uniformly declined under the use of belladonna. The daily averages of the pulse above given are, considering the severity of the cases, certainly low. Dr. Harley thinks that the stimulant action of belladonna on the heart is converted, in the pyrexial state, into a tonic, and, if not pushed too far, even a sedative influence on the heart and blood vessels generally; in other words, that it is a tonic and sedative to the sympathetic nervous system generally. By this action the capillary circulation is accelerated, the contraction of the vessels promoted, and thus the arterial tension which attends congestion of the parenchymatous organs is relieved, and a load at once removed from the heart. Diminution of temperature is the direct consequence of these changes. As the result of the prolonged use of belladonna after the cessation of the pyrexial state, Dr. Harley noted an irritable debility of the heart, as if it had been exhausted by over-stimulation, and the nervous system had also shown a participation in this effect. The beneficial use of belladonna, therefore, lies within narrow limits as to dosage, and

vigilance must be exercised lest these limits be exceeded. As to delirium, Dr. Harley has observed that, except in a very small proportion of cases, this symptom in enteric fever is not increased by belladonna, and he has never withheld the drug on account of delirium. Speaking generally, the effect of the belladonna was to diminish the insomnia so frequently present. One of the most noticeable effects of belladonna in the pyrexial condition, is moistening of the tongue. No particular effect on the skin was noted. As far as could be determined, the diarrhoea was not directly influenced either way, but in those cases in which the belladonna was given from an early stage of the disease, it appeared to be of shorter duration. The tendency to hemorrhage is not influenced.

#### Zinc and Iron in Chorea.

In an article in the *Lancet*, January 6th, Dr. W. H. Dickinson expresses his opinion that sulphate of zinc is the most efficient remedy in this disease. One grain may be given three times a day, or in a very severe case more often, and a grain added to each dose every day until the dose amounts to between fourteen and twenty-six grains. Thus administered, and sufficiently diluted, it causes no sickness, nor any prominent effect but the abatement of the jactitation and grimace. A scruple, or rather less, is commonly a sufficient dose, but much more may be given. In an exceptionally severe case, of which the subject was a girl of seven, I gave, with apparent advantage, and certainly without harm, a dose, which at last reached forty-five grains, three times a day, or one hundred and thirty-five grains in the twenty-four hours. Under this, the child became able to talk, feed herself, and walk, none of which she could do before. The greater amount passes off by the bowels, and the metal can be recovered from the feces. I have not succeeded in finding a trace in the urine, so that probably but a small proportion is absorbed; though, from the greater effect upon the nervous system of large doses than small, it is probable that the quantity absorbed bears some relation to the quantity swallowed.

Next to the salts of zinc, and often to be preferred to them, come those of iron. Where

there is evident anæmia, iron, in some shape, should be given from the first. Zinc does best with florid children, iron with the pallid; zinc when the symptoms are acute, iron when they are chronic. I have met with good results from the syrup of the bromide; and the valerianate, like that of zinc, may occasionally be resorted to. In the more lasting and slighter forms of the disorder, where perhaps an occasional twitch or grimace, or some awkwardness in the limbs, is its only sign, arsenic, as a nerve-tonic, in small and long-continued doses, is often of service; and a similar statement may be somewhat more emphatically made with regard to strychnia, particularly if this alkaloid be given together with iron. Thus, for the slighter, and more lasting forms of the disorder, the pharmaceutical remedies are iron, arsenic and strychnia; often iron together with one of the others. Strychnia, like iron, may be advantageously given, as bromide in the liquor strychniæ bromidi.

#### The Differences Between Croup and Diphtheria.

On this vexed question a good authority, Dr. E. Headlam Greenhow, concludes, in a lecture in the *London Medical Times and Gazette*, to sum up what appear to me the essential differences between the two diseases we have been considering.

*Diphtheria is a specific febrile disease, characterized by—*

1. Considerable, sometimes extreme, prostration.
2. Sore throat, often difficulty of swallowing, usually preceding by some days the laryngeal symptoms, but no hoarseness of voice until stridulous breathing and cough supervene.
3. Injection and swelling of the fauces, which are more or less extensively covered with exudation.
4. Swelling of the glands at the angles of the lower jaw.
5. Presence of albuminuria or epistaxis in many cases.

*Croup is a local catarrhal inflammation, in which—*

1. There is little, and sometimes no, prostration.
2. Catarrh and hoarseness of voice precede, for a longer or shorter time, the urgent laryngeal symptoms, but, as a rule, there is no sore throat nor difficulty of swallowing, though patients often complain of pain in the trachea.
3. Shrill cough, of metallic tone, and stridulous breathing, are early symptoms.
4. The fauces may be injected, as they usually are in common catarrh; but they are not much, if at all, swollen, and there is no exudation upon them.
5. Swelling of the submaxillary glands, albuminuria, and epistaxis do not occur.

The last, but most important point of difference between croup and diphtheria is that the constitutional treatment of the two diseases is totally opposite.

In diphtheria we are obliged to support the patient's strength from the commencement, and any depletory treatment would be most injurious; indeed, the prostration usually very soon becomes so profound that we are compelled to give stimulants rather freely. In croup, on the contrary, the patient's strength, as a rule, remains good; leeching, emetics, and antimonials are well borne, and often, as in my second case, bring about resolution of the inflammation and rapid recovery.

#### Relations of Aural and Cerebral Disease.

In a paper quoted in the *British Medical Journal*, Dr. W. J. Cummins brought forward a series of cases illustrating the causal connection between suppurative in the ear, of old standing, and meningeal and cerebral symptoms causing death. The first was that of a young gentleman, aged 17, who had ear affection, the result of scarlatina, since childhood, which finally led to meningitis, terminating fatally in four days. The second was that of a little girl, who had also a chronic discharge from the ear, which caused cerebral symptoms, less acute than in the former case, but which, in the end, terminated in convulsions and death. The third was a middle-aged gentleman, who had long-standing ear-disease, which, in like manner, ended fatally in cerebral disease; and the fourth case was that of a young lady, in whom the ear mischief produced pyæmia and death. Dr. Cummins made some remarks on those cases, pointing out the great danger of this "latent spark of death," and the necessity of paying attention to a discharge from the ear.

#### Treatment of Diphtheria.

The following plan is that laid down in the *Lancet*, by Dr. F. Knowles, of Ipswich, the result, he says, of wide experience:—

In each case I applied a strong solution of iodine to the false membrane: in mild cases once, in severe cases every six hours. After allowing the pigment to remain on for about the space of a minute, I directed the patient to hold a small quantity of the wash, used by me, in the throat, for a few moments. On rejecting it, the false membrane invariably came away. In young children I used a soft camel-hair brush to remove the membrane. I never used force, in any case, to detach it, as practiced by Loiseau. Although the exudation reformed, I found after each application the quantity was lessened and altered in character, being thinner and more fragile. The strength of the iodine I use, even for the youngest child, is: iodine, one drachm to two scruples; iodide of potassium, two scruples; rectified spirits of wine, one ounce. The wash consists of a solution of chlorine and hydrochloric-acid gas. It is prepared thus:—Take of chlorate of potash eight grains; put it in a pint bottle, with one drachm of pure hydrochloric acid; cork the bottle, and shake it; as soon as the chlorate of potash is dissolved



add one ounce of distilled water; recork the bottle, and shake it; repeat the process twice more, and then fill it up with water. I use equal parts of this solution and water; the addition of two drachms of tincture of myrrh to half a pint makes it much more agreeable.

The internal treatment of this malady I consider most important. The one I always adopt is to administer the following mixture from the commencement of the attack:—Chlorate of potash, one drachm; dilute nitro-muriatic acid, one drachm and a half; compound tincture of cinchona, three drachms; water to six ounces; one ounce to be taken every two or three hours, and dose in proportion, to children. I believe chlorate of potash to have a special influence in preventing the formation of plastic material. When the submaxillary and neighboring glands are affected, I order linseed meal poultices to be kept constantly applied. Inhalations of hot-vinegar and water, in the proportion of one to three, I have often found very serviceable. In every case I order the patient to be well supplied with good, nourishing, digestible food, such as game-soup, beef-tea, chicken broth, warm milk, eggs, cooked and raw, and as much fresh gathered fruit as wished for. Pontac and sound port were freely administered.

#### Osteotomy in "Genu Valgum."

At the Congress of Naturalists, recently held in Hamburg, an interesting paper on this subject was read in the Surgical Section, by Dr. Max Schede. Antiseptists will be pleased to know that the successful results to which we will shortly refer were considered, in great measure, as due to the antiseptic precautions and dressings which were adopted in the cases. Dr. Max Schede presented to the Congress a young man on whom he had performed cuneiform osteotomy of both tibiae and both fibulae. The man had been the subject of exaggerated *genu valgum*, which had resisted all previous treatment. The legs and thighs were at an angle of about eighty degrees. Antiseptic precautions were adopted at the operation (which was done in February), and Esmarch's bandage was applied. A wedge-shaped piece of bone, three quarters of an inch wide, was excised from each tibia, and the fibula was cut across; the legs were then straightened. At the end of May consolidation was complete, and the operation thoroughly successful. At the same time he reported other cases where the operation had been done with similar success, either for rickets or knock-knees. He mentioned one case in which the tibia had been divided, but not the fibula, but the cure was not so complete as in those cases where both bones had been cut.

—Mr. Julius Chambers, the *Herald* reporter who feigned insanity, was admitted to an asylum and wrote a spirited account of his experiences, has published a book entitled, *The Mad World*.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—The *Floral Guide*, published quarterly, by Mr. James Vick, Rochester, New York (25 cents a year), is a beautiful and useful periodical to all who have any taste for horticulture. The January number has a superior chromolithograph, representing a summer bouquet, rich with the colors of the June flowers. With characteristic generosity, Mr. Vick offers \$40, in cash, for the best show of flowers, at every State fair in the Union. He also announces, in the *Floral Guide*, several other premiums to amateurs, which deserve their emulation. (See page 24.)

### BOOK NOTICES.

*Annual Reports of Diseases of the Chest*, under the direction of Horace Dobell, M. D., etc., Consulting Physician to the Royal Hospital for Diseases of the Chest, etc., assisted by numerous and distinguished coadjutors in different parts of the world. Vol. 2, June 1, 1875, to June 1, 1876. London, 1876. 8vo, pp., 307. Price \$5.

We hail with pleasure the second volume of these extremely valuable reports. They are an indispensable annual purchase for any physician who claims to devote special attention to the large class of diseases to which they refer. They are the best annual summary on that branch of medicine which exists in any language. They cover the whole of it, and the epitomes are by masters in those studies. The material is derived with impartiality from all quarters. Contributions are given from nearly all the civilized states of Europe, from the United States, Canada, India, Australia, New Zealand, and Fiji. Of the coadjutors in this country, we may name Drs. Bowditch, of Boston; DaCosta, of Philadelphia; Donaldson, of Baltimore; Draper and Flint, of New York; and the late Dr. Logan, of Sacramento. An equally distinguished list is presented from other countries. The various contributions are carefully arranged and edited by several assist-

ant editors in London, who add further value to the work by a copious analytical index.

The reports include the anatomy, physiology, pathology, etiology, and therapeutics of the thoracic organs and their immediate associates, therefore, of the heart and lungs generally. Taking for instance, the synopsis of writers on pulmonary consumption, we find quoted the monographs and works of Drs. Gleitsman (U. S.), Hayter, Aufrecht, Richardson, Flint, Teissier, Bouchardat, Fromolt, Bertolet, Fournier, Landenberger, Niemeyer, Lecadre, Williams, Parkin, Madden, Milroy, Villemin, and several others. Where could the reader find a more complete exhibition of the year's representative labors against this formidable disease?

What especially we like about Dr. Dobell's works is here also strongly marked, that is, definite and clear ideas on therapeutics. There is not that haziness, and often indifference, to the relief of disease, which is so often apparent in writers now a-days. Thus, in this volume, we find the "Therapeutics of the Thoracic Organs" a prominent feature in the collocation of articles. To exemplify its meanings we turn to that title under "Austria." Here are given the "Therapeutics of Diseases of the Nose," by Dr. Catti (by bougies); "The Pneumomastic Treatment of Diseases of the Heart and Lungs," by Dr. Schnitzler; "On Compressed and Rarefied Air," by the same; "On the Treatment of Croup, in Prince Rudolf's Hospital, Vienna;" "The Therapeutic Action of Antiarine;" "Apomorphia as an Expectorant;" "Notes on the Treatment of Diphtheria;" "The Essentials of Climatic Resorts for Invalids;" and half a dozen other articles.

The first and second volumes of these reports deserve, we repeat, the closest perusal by any one who would become an accomplished practitioner in diseases of the chest. We hope the series will meet with abundant support, as it richly merits.

**The Medical Register for New England.** By Francis H. Brown, M. D., M. M. S. S. Boston, H. O. Houghton & Co., 1877. pp. 413.

Year by year Dr. Brown has added to the value of his register. He now has expanded his work, so that it embraces about all the medical information that can be desired for the whole of New England. We are given the associations and societies, medical schools and

kindred institutions, hospitals and dispensaries, benevolent and charitable associations and asylums, and a very complete directory and business guide. To the medical man such books are invaluable, and are almost constantly called in use. One feature which greatly adds to its value is the topographical directory, by which, in a moment, a medical man can be selected in any specified location. To the medical man who desires to place a patient in proper hands, on arrival at a certain point, or desires information professionally in a location; to the insurance agent, who may need an examiner; in short, to any one who wishes the name of a respectable practitioner in any city or town, such information comes most acceptably. Taking this, with the medical directory of New York State, and that of Pennsylvania, we feel that we have a great want supplied. The special advantage of these volumes over any others yet offered, is that they include the names of none but regulars, those only who are regarded as bound by the Code of Ethics. We hope, ere long, to welcome a volume which will give us the names of the regular profession of the entire country, or at least those who are bound by their association to act as such.

**Chemical and Pharmaceutical Directory of all the Chemicals and Preparations now in general use in the Drug Trade.** Their Names and Synonyms Alphabetically Arranged. In English, Latin and German. By John Rudolphy. Chicago, 1877. Price, \$5.

This volume is a book of 407 large octavo pages, embracing the names of more than thirty thousand drugs and compounds, alphabetically arranged, with their synonyms in Latin, English and German. It is divided into three parts: 1. English, Latin, German; 2. Latin, German, English; 3. German, Latin, English. It will prove a valuable hand-book to every druggist, wholesale or retail, and also to those practitioners, German or American, whose patients are of both nationalities. There are constantly arising occasions where a knowledge of these synonyms is of value; and so far as we have examined this work, the author seems to have taken pains to be both thorough and accurate. He is already favorably known to the drug trade, by a pharmaceutical directory, published not long since, which commanded an extended sale.

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#### INTERNATIONAL MEDICAL REGULATIONS.

Recently we spoke of the evils attending State boards for examining and granting licenses to physicians. There is a similar false movement in a number of countries at present; one which will bring nothing but annoyance on the profession. We give some instances.

Quite lately, in Funchal, Madeira, a daily paper published in that favorite health resort had a leader, from which the following is an extract:—

"We have observed that, in spite of the laws of our country, foreign physicians are practicing medicine in Funchal without being legally qualified. This is wrong, firstly, because it is a violation of the law. It is wrong, secondly, because it injures the legitimately acquired rights of third persons. It is wrong, finally, because this question concerns the health and the lives of the citizens. Without referring especially to the foreign doctors who practice illegally in this city (because we are not acquainted with them, nor do we know any-

thing of their qualifications), we say, in a general way, that whoever withdraws himself from (or evades) the examinations which the law requires as a qualification for practicing in Portuguese countries, shows, perhaps, some fear of not standing the test; perhaps he is not qualified for doing so. And one cannot, and ought not, to deliver the health or lives of our fellow-men to the dangerous chances of unskillful hands, in order to favor certain persons."

Following the example of the Portuguese government, that of France is about taking measures to prohibit American, British or other physicians from practicing in France, however eminent they may be, and even when having the intention of limiting their practice to their own sick fellow-subjects resident abroad. Existing rights, it is said, will be respected. Gentlemen already in practice in Paris, or the health resorts of France, will not be disturbed. But, with this exception, the new law of France will aim at making it difficult for foreign residents to obtain the advice of doctors of foreign training and qualifications, by actually prohibiting practice except by those who have graduated in the French universities. If the most eminent physician were asked, under the contemplated measure, to go to see a patient, say at Cannes, or Pau, he would have to pass five examinations, several of them of an elementary character.

In England itself, the same effort is making. Suit was lately brought against an American physician in London, for practicing without a diploma; he showed an American one, and the magistrate declared he was a legal practitioner. The case, however, has been appealed, and an endeavor will be made to exclude *all* American diplomas.

Now, as a rule, an invalid likes to be attended by a doctor of his own country. A physician understands the ways and feelings of his own countrymen much better than any foreigner, no matter how clever he may be, ever can. A sick man must not be burdened with the need of expressing himself in a language which both he and

the doctor (if a foreigner), imperfectly understand; and which, for want of comprehension, may, besides worrying the patient, give rise to serious errors in treatment. Similarly, there are certain traditional ways of nursing, etc., peculiar to each nation, which make the sick-room of one nation different from that of another. The ideas of one nation as to diet and ventilation may, also, be quite at variance with those of another. Hence, it follows, that where there are American, English, German, Russian, or other invalids, there should be American, English, German, and Russian doctors.

The system of mutual exclusion is a false and narrow one. Rather let the International Medical Congress appoint a committee, which shall prepare a chapter of medical schools, whose diplomas shall be *prima facie* evidence of qualification, *ubique gentium*. This will do away with what looks like professional local jealousy. It will protect the sick in their interests; and it will avoid the absurdity of forcing gray-haired veterans to go before local examining boards. Or if a board there must be, let there be one in every country, whose verdict of competence will be good everywhere.

## NOTES AND COMMENTS.

### Therapeutical Notes.

#### THE REMOVAL OF SYPHILITIC STAINS.

Mr. R. Cresswell states, in the *Lancet*, that to remove the copper-colored stains of a syphilitic rash, he would recommend the administration of the solution of arsenic and of iodide of mercury, or Donovan's solution, in ten-minim doses three times a day, after meals. This he has found very certain in effect after the failure of other treatments.

#### HERPES ZOSTER.

A correspondent of the *British Medical Journal*, writes:—I always commence the treatment by one or two calomel and rhubarb or colocynth purges, along with some saline mixture, until the tongue becomes clean; then one or other of the nervine tonics will complete the cure. However patent it may be that this eruption

follows the course of nerves, and is, therefore, classed as a neurosis, it is very clear to my mind that it is accompanied, if not caused, by derangement of the discerning organs, and that our treatment must be directed to them in the first place.

### The Import of Delirium.

In a late clinical lecture, Dr. Hughlings Jackson thinks that far too much importance is attached to the occurrence of delirium as a sign of acute primary brain disease; that it is, for example, really of very little value toward the diagnosis of cerebral or cerebellar abscess, or of meningitis, in patients who have ear-disease. Far better signs are non-mental symptoms, such as severe headache and alterations of pulse. If it were possible to consider delirium alone, it would, he thought, point more strongly to pyæmia occurring with the ear-disease; he believed that some cases of recovery from an acute illness with ear disease, thought to be cerebral disease, on account of delirium, were really cases of slight pyæmia.

### The Surgical Schools of Paris.

France seems regaining her reputation for surgical teaching, seriously threatened, recently, by the Germans. The Paris correspondent of the *British Medical Journal* writes, of M. Verneuil's clinique:—I do not know any better clinical school than this; and whatever may be said in depreciation of the present position of French hospital practice and teaching, as compared with that of Vienna, or of Berlin, I am persuaded that surgery cannot anywhere be studied with greater advantage and completeness.

### The Treatment of Acne with Sand.

Dr. Ellinger (*Wiener Med. Wochenschrift*, No. 45, 1876) strongly recommends frictions of the skin with fine sand, in the treatment of comedo and acne of the face, in young persons. The sand should be regular in grain, not dusty, and not containing lumps; particles half as large or as large as a poppy seed should alone be used. Before the friction the skin must be thoroughly washed with soap and water. It is then to be kept damp for half an hour, and finally the affected parts are to be rubbed for a short time with the sand, which is to be used slightly wet. Afterward any adhering sand must be sponged or brushed away. The same method is applicable



to certain cases of psoriasis, eczema, lichen, acne, rosacea, and freckles. If the eruption be situated on the trunk or limbs, each friction must be preceded by the prolonged use of a moist compress to the part, so as to soften the skin.

#### On Fusil Oil Poisoning.

On this subject there have recently been reported some experiments of Dujardin-Beaumetz and Audigé ('Comptes Rendus,' lxxxiii, 80). The trials were made with dogs, the fatal doses being determined for five different alcohols, and by two methods—administration by the stomach, and by hypodermic injection. For each kilogramme of live weight the quantities necessary to produce death were these: Of methyl alcohol, 5 grains; of ethyl alcohol, 7.75 grains; of propyl alcohol, 3.13 grains; of butyl alcohol, 1.74 grains; and of amyl alcohol, 1.48 grains. Thus it appears that the most abundant constituent of fusil oil is the most poisonous, and that this amyl alcohol is five times as powerful as ordinary alcohol. And it further seems that the dilution of some of these higher alcohols of fusil oil with ordinary alcohol enhances greatly their toxic effects.

#### Operations for Hemorrhoids.

M. Verneuil, in presenting, lately, to the Société de Chirurgie in the name of one of his old pupils, Dr. Fontan, a brochure on the "Treatment of Hemorrhoids by Forced Dilatation of the Sphincter Ani," expressed the opinion that the records contained in this volume, like the facts which M. Verneuil himself has occasion to collect, are of a nature to suppress, henceforth, all bloody operations for hemorrhoids.

#### Smoking as an Anaphrodisiac.

The editor of the *Medical Press and Circular* remarks, in a late issue:—

From several instances that have come under our notice, and from the experience of others, we have every reason to believe that smoking carried to excess acts decidedly as an anaphrodisiac, especially in persons of a nervous or lymphatic temperament, or in those whose generative organs are not, by nature, very vigorous. M. Marc, in "Dict. des Sciences Médicales," t. xxiv, p. 176, considered that the use of narcotics, especially tobacco, hyoscyamus, cicuta, and opium, was a cause of functional impotence.

Dr. Copland ("Dict. of Pract. Med." *Art. Poisons*) calls smoking an enervating, emasculating luxury, and observes that the offspring of those who indulge in it in excess are often weak, puny, and stunted in growth, or of a nervous, susceptible and scrofulous conformation.

#### Assilini's Forceps.

A writer to the *Lancet* says:—As a point of practice, I would strongly recommend the use of a somewhat neglected form of forceps (Assilini's), the most easily applied, locked or shifted, I am acquainted with, and which can be used with the least amount of fuss; in fact, I have several times introduced the blades without the knowledge of the patient. And I do not know any other form of this invaluable instrument with which one can feel the exact position of the head so perfectly, and with which that happy "shake," which so often dislodges an impacted cranium, can be so readily performed, and at the same time is so efficient, both for compression and traction.

#### Poisoning from Pottery.

By a curious coincidence, since the publication of our note on "Dangers to Health from Pottery" (*REPORTER*, January 27, page 89), we notice the daily papers contain a notice that "John Doyle and his family, residing near Harrisburg, were poisoned recently, by eating apple-butter contained in a crock glazed with oxide of zinc." They all recovered.

The poison is, of course, not the oxide of zinc, but, as we stated, the oxide of lead fused on the surface of the earthenware. Families should be placed on their guard against this source of ill health.

#### The Color of the Eyes as Indicative of the Length of Life.

In a late pamphlet, Dr. Moreau Morris says that when the eyes are of a reddish-brown tint, easily lighted up under excitement, caused by a more rapid circulation, we have the most decided indication of a tendency to apoplexy; liability to sunstroke or sudden cerebral congestion; and, as in these temperaments there is usually less muscular tonic of blood vessel, it is with such that the smaller blood-vessels give way under pressure, from undue excitement or continuous mental activity.

It has also been remarked that comparatively few persons with pure brown eyes can be found living, above 70 years of age. Usually, they do not live beyond 60 to 65. On the other hand, it is rare to find persons over the age of 70 who have not pure hazel eyes.

#### Poisoned Arrows.

Public attention has been prominently directed, recently, to a very interesting question, which was raised by Dr. Messer, R. N., as to the effect of the poisoned arrows used by the natives of the South Sea Islands. The paper will be found in the *Naval Medical Report*, for 1875. Its object is to show that, whatever the poisonous substance with which the arrows are smeared (a point on which nothing certain is known), it does not produce any specific effect, but that, when it proves fatal, it does so by inducing ordinary traumatic tetanus; and this result, always more or less probable in a tropical climate, is, according to Dr. Messer, much more likely to ensue, if the wounded man have a nervous dread of the poison; and still more if (as would be the case with a savage) he be also under the influence of superstitious terror.

#### Ergot in the Pains of Pregnancy.

Dr. W. R. Putney, of Virginia, writes us that he has observed that ergot will relieve severe pain in the back and bowels, uncomplicated with hemorrhage in the pregnant, when threatened with abortion, in fifteen-drop doses every four hours. It surpasses opium in its sedative effect upon the pelvic organs; it subdues the hyperæmia of these parts, thus quieting the disturbance. It is equally satisfactory when hemorrhage is present.

### CORRESPONDENCE.

#### Antipyretics.

ED. MED. AND SURG. REPORTER:—

I notice in the number for January 20th, 1877, of your very excellent journal, under the head of "The Cold Bath in Typhoid Fever," that Professor Seé, of Paris, "condemns the use of the cold bath, so much in vogue in the treatment of typhoid fever." The learned professor having stated that, "according to his own experience, and that of many other physicians, it is not only a useless remedy, but absolutely dangerous in the treatment of this affection."

I have noticed, also, that Dr. Thomas F.

Rochester, in his inaugural address before the Medical Society of the State of New York, threw out a hint, in the same direction, and as appeared to me, very wisely, no matter whether the idea may be regarded as new, or an old one called up to meet emergencies that some may regard as beyond our control by other means.

Dr. Edward Warren, of Paris, late Chief Surgeon of the Khedive's army in Egypt, has also spoken very plainly, and I think, truly and sensibly, on this subject, during the past year, referring especially to the cold bath and other heroic antipyretic agents now in vogue for the cure of typhoid or enteric fever.

When a new idea, or an old one revived, is presented for general acceptance, the true policy is, undoubtedly, to compare it with known practical facts, and so judge of it in the light of reason, on strictly common-sense principles; and could this always be done, we should not hastily, and without due consideration, adopt a course of antipyretic treatment of disease, including the use of cold water, large doses of quinine, and arterial sedatives, in typhoid or other febrile affections, which, though perhaps generally safe, are entirely unnecessary, and, in some cases, absolutely dangerous, as Professor Seé states.

It is doubtful if the treatment can be sustained in practice, even if we allow the erroneous position upon which it is founded, that elevation of temperature is the condition to be overcome. For cold drinks, as well as cold applications, diminish the secretions, and checking the cutaneous exhalation, tend to the accumulation of animal heat, in typhoid as well as in all febrile affections, as I believe science and facts testify.

Would it not be wiser, and a more judicious course, for us to consider all such *extreme measures*, as they generally are, as the result of running one idea, and that an erroneous one, to the exclusion of the general and true pathological conditions? To sustain our patients in febrile and other affections on *safe* and reasonable doses? And to remove, as far as we may, local complications, if we fail to prevent them?

Should we adopt this rational course, and give a reasonable amount of nourishment suited to each particular case, we may often prevent, and when not, reduce, an elevated temperature, in febrile affections, instead of checking the secretions and cutaneous exhalations by cold applications and drinks, thus causing an accumulation of animal heat and fatal congestions of vital organs.

We imitate nature by keeping our patients comfortably or reasonably warm; giving them warm drinks, and sponging them with warm water, so as to favor a gentle, insensible, if not a free, perspiration, the evaporation of which, from the surface of the body, renders latent, and carries off, many (nearly 1000) degrees of heat, thus letting down the temperature without danger, and throwing off effete matters in the natural way.

In this way, according to my experience, and

as I believe nature indicates, the patient need not, even in enteric or most other febrile affections, linger on for any set time, but may, in fact, be convalescent from the first; and the ghost of an elevated temperature, if it appears, will thus vanish with the pathological conditions which were the cause of it.

E. R. MAXSON, M. D., LL. D.

Syracuse, N. Y., Jan. 30, 1877.

#### Chlorate of Potash and Mercury.

ED. MED. AND SURG. REPORTER.

I have lately seen several articles in the REPORTER, in regard to giving chlorate of potash and calomel at the same time. A few years ago there was, in the city of Albany, New York, a case where calomel and chlorate of potash were given, either in combination, or alternately at short intervals. The patient, a child, died suddenly, with symptoms of poisoning by corrosive sublimate.

The inference was, and I think very reasonably, that a portion of the chlorine of the chlorate of potash had united with the calomel (chloride of mercury) and formed bichloride of mercury, or corrosive sublimate.

I think we ought to have some regard to chemistry in prescribing drugs.

W. S. MENDON, M.D.

Illinois, Jan. 26, 1877.

#### Poisoning by Nutmeg.

ED. MED. AND SURG. REPORTER:—

I met with a case, a few weeks since, of poisoning by *nutmeg* (*nux moschata*). As it was entirely new to me, never having read or heard of such a case before, and as the nutmeg is of very common use for culinary purposes, I will venture to detail this one; the more especially since it is not usually regarded as a poison, nor is it enumerated in any list of poisons which I can find, though such effects are attributed to it in the "United States Dispensatory," p. 571, 13th edition. My patient was a bright little girl, 9 or 10 years of age, but in rather delicate health. She waked up from sleep, having retired for the night apparently as well as usual, and told her mother she felt very curious, and believed she was going to have a spasm; she then passed into a stupor, and when, an hour later, I saw her, she was roused only with considerable difficulty. She knew no one, apparently; did not seem to recognize her father or mother, though, when roused, she answered my questions intelligibly. Told me everything she had eaten during the afternoon, and among the rest, about half a small nutmeg. She complained of dryness of the throat, and the pupils were dilated, as if she might have had belladonna. Of this, however, I am sure, she had none. I remained long enough with her to become satisfied she was not in a very dangerous condition, and that

the stupor was not deepening. I administered strong coffee and a dose of oil and turpentine; directed that she should be roused occasionally, and left. The next morning there was no change, except she was less stupid, though still inclined to sleep, when left alone, and could not see. The bowels had not moved, nor did they, till two more full doses of oil and an enema were administered. From this time she gradually recovered, and is now as well as ever.

All the while the pulse and respiration were both perfectly normal. The little girl still persists in saying she ate nor drank anything save the nutmeg, and I am sure she speaks truly. To this, therefore, I attribute the effects.

Perhaps some of your readers may have seen like cases. I report this for what it is worth.

Yours, respectfully,

THOS. M. MATTHEWS, M. D.

Mount Enterprise, Rush Co., Texas.

### NEWS AND MISCELLANY.

#### New Medical Colleges.

A new medical college is about to be started in New Albany, Indiana. Another one is announced from Nashville, Tennessee, of which Professor Paul F. Eve is the chief officer. It is on the "two terms in nine months" system, which is said to be based on the analogy of nature; for as it requires but nine months for an embryo to become an infant, it should not ask more for a dunce to become a doctor.

#### Personal.

—Medical Director William Grier has been appointed Chief of the Bureau of Surgery in the Navy Department.

—Dr. Green, an old physician, of eccentric habits, who has contributed literary articles to the press from time to time, died in New Brunswick, very suddenly, January 14th.

—Dr. M. Mayer Marix, a well known physician of Denver, Col., died suddenly, January 12th. The *Denver Evening Times* states that it is the probable result of suicide, the deceased having been indicted for abortion.

—A distressing accident happened at Lockborne, Ohio, recently, by which Dr. R. G. McLean lost his life. He was illustrating the use of the syringe for the hypodermic injection of morphine, so that a young lady could administer it, when necessary, to her mother. He had the syringe filled with water, and made a slight puncture with it in his own arm. The syringe had something in it which poisoned him, and, notwithstanding everything was done which could be, he died. Dr. McLean was the cousin and companion-in-arms, though younger, of Gen. Winfield Scott. He served with honor in Mexico and the late war.

## Items.

—It is a curious commentary on the progress of science, that the most unscientifically constructed houses in Paris and London, are those in which the leaders of science carry on their deliberations. The hall in which the Paris Academy of Sciences meets is so badly ventilated, that when the windows are closed the members are stifled with heat and foul air, while, as usual, many of them have a dread of open windows. M. Leverrier declared, a short time ago, that the only other apartment in France which was so intolerable, was the hall of the Institute.

—In the new play of "Miss Moulton" the heroine suffers from heart disease, and Clara Morris says: "I have taken great pains to study the symptoms and mode of their expression. I have even had a woman brought to me who was afflicted with this complaint, and have noted how it manifested itself." Query. *What* heart disease?

—Lucille Western and several other actresses have recently died of pneumonia, contracted, it is said, by the practice of leaving the stages of the theatres unheated; the drafts arising from the unequal temperature from before and behind the curtain often give rise to serious illness, both among the actors and in the audience.

—Rev. Mr. Talmadge says King Asa had the gout, and the doctors killed him. 2 Chron. xvi, 12, 13.

—Dr. J. Howard Taylor, Sanitary Inspector of the Board of Health, of this city, reports that the abattoir, located on the west bank of the Schuylkill, is kept in excellent condition, and that it presents none of the objectionable features urged against it in advance of its establishment.

## Chinese Treatment of Nightmare.

The following is a translation from a Chinese medical work:—"In case of nightmare do not at once bring a light, or, going near, call out loudly to the sleeper, but bite his heel or his big toe, and gently utter his name; also spit in his face, and give him some ginger-tea to drink, he will then come round; or blow into the patient's ears through small tubes; pull out fourteen hairs from his head, make them into a twist, and thrust them into his nose."

## QUERIES AND REPLIES.

## Impotence.

MR. EDITOR:—A young man, twenty-eight years of age, two months married, finds himself impotent. Probable cause, masturbation. He has emissions with imperfect erections. Has taken a full course of quinine, strychnia, phosphorus and cold bathing, without effect. Will some reader of the REPORTER suggest treatment? HALLERUS.

## Conjunctivitis.

MR. EDITOR:—Will some of the ophthalmological readers of the REPORTER recommend a treatment for obstinate granular conjunctivitis, which resists the ordinary plans mentioned in the books?

Tennessee.

C. R. D

## Scrofula.

Dr. W. R. P., of Va., repeats his request, that physicians who have had satisfactory experience in the treatment of scrofulous disease among the colored race of the South will publish their methods in the REPORTER.

## BIRTHS.

BEARDSLEY.—At Birmingham, Connecticut, on January 29th, a son, to Dr. George L. and M. Louise Beardsley.

## MARRIAGES.

CARTER-MCQUILLEN.—On Thursday, the 25th ultimo, at Arch Street Presbyterian Church, by Rev. Walter Q. Scott, Henry Stuart Carter, of Chicago, and Sallie A., daughter of Dr. J. H. McQuillen, of Philadelphia.

GEDDES-MORRISON.—In Keene, N. H., January 9th, by Rev. G. W. Brown, W. Geddes, M. D., and Loretta Morrison.

LAYMAN-SEARLE.—On the 9th ultimo, at the residence of G. H. Danforth, Esq., Madison, N. J., by the Rev. J. R. Danforth, Dr. Alfred Layman and Mrs. Evelyn Searle, all of Philadelphia.

NEWLIN-NEIDHARD.—On the 25th ultimo, by His Grace, the Archbishop of Philadelphia, James W. M. Newlin and Alise T., daughter of Dr. Charles Neidhard.

OWENS-MACKALE.—In Cincinnati, O., at the Cathedral, January 18th, 1877, by the Verv Reverend Edward Purcell, Vicar General, Dr. Thomas Owens, U. S. Navy, and Louise Mackale, of Washington, D. C.

## DEATHS.

BOWEN.—On the 20th ultimo, Hattie A., wife of George W. Bowen, M. D., of Olney, Twenty-second Ward, Philadelphia.

FITCH.—Dr. Almon Fitch, an eminent physician and surgeon, died in Delhi, Delaware County, New York, on Wednesday, January 10th, 1877, in the seventy-sixth year of his age. He practiced medicine in that county for over fifty years.

GRAFF.—In Cincinnati, Ohio, suddenly, Tuesday morning, January 9th, of congestion of the brain, Dr. Milton B. Graff, aged thirty-five years.

KENDRICK.—Suddenly, on Thursday, the 25th ultimo, at No. 7 West Twenty-fifth street, Elizabeth Frances, wife of Dr. T. C. Kendrick, and only daughter of the late Hugh Riley, of Boston, Mass.

LAW.—At his residence, Loveland, Ohio, Friday, January 12th, 1877, at 3 o'clock P. M., Dr. John S. Law, in the seventy-seventh year of his age.

ORR.—Dr. John Orr, born in the year 1806, January 24th, died suddenly at his residence in Alexandria, Ky., January 1st, 1877.

SCULL.—In Waldron, Indiana, December 31st, 1876, Sarah E., wife of Dr. D. C. Scull, of consumption, in the thirty-sixth year of her age.

STEARNS.—At his residence, St. Marys, Auglaize County, Ohio, Dr. B. W. Stearns, January 5th, at 3 o'clock P. M., of cancer of the stomach, after a long and painful illness, aged sixty-eight years.